

## APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE DEPARTMENT OF ARCHIVES AND HISTORY RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76—RM—1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE	1. Agency Address Ga. Dept	of Unman Po-						
				IANAGEMENT USE				
Application Date	sources/ Div. of Phy Family Health Servic		Application Number	-				
April 14, 1978	W.I.C. Office - 618		/8-	- 86				
Application Number	Ave. N.E. Atlanta,	The state of the s	Date Received	Date Completed				
DHR-13	Ave., Nill, Actually		APR 1 9 1978	MAY - 4 1978				
2. Person to Contact		Working Title		Telephone Number				
Willene Smith	Adn	inistrative Of	icer	894-4391				
3. Action Requested				Partie Sale and address State of the Co.				
8. Establish Retention Schedule; record will continue to accumulate.								
b. Dispose of present accumulation; no further accumulation anticipated.								
c. ☐ Amend Application No Check One: ☐ Change; ☐ Supercede; ☐ Void								
4. Dates of Series	5. Records Series Title (followed)	by title used in office; if di	fferent)					
Earliest Latest	work with our drown							
1976   to date	W.I.C. Project Bud	lget Files						
6. Division and Office Function What is the function of the Division and the Office in which this record series is created?								
The Family Health Services Section, under the leadership of the director,								
is responsible for promoting and coordinating family health programs as pro-								
vided by the State and DHR. The programs include: Maternal/Child Health								
(family planning, perinatal, crippled children, child health, and services								
to women, infants, and children[WIC]); Chronic Disease (disease prevention,								
patient services, and health care education); Communicable Disease (T.B., S.T.B., epidemiology, and immunization); and programs for pharmacy, nursing,								
		n); and program	ns for busine	icy, nursing,				
nutrition, and de	atal services.							
WIC Program provi	des consultation and	training to, a	nd program me	onitoring of,				
WIC Program provides consultation and training to, and program monitoring of, WIC programs operated by each health district; prepares all contracts with								
food stores which	are used by the dis	trict health of	fices to supp	ply cërtain				
7. Record Series Description	This file contains the following de							
	Attach samples of the file.							
Documents relating to: ma	intaining records for se	rvices to WIC Clie	nts (Statewide)	) administered				
through the 20 District office.								
included are: unnumbered form (Application [to offer services]) which shows name of facility, address, phone, ge ographic area served; name, title, address of official responsible								
for WIC: number	of staff professionals (	name, title, addr	ess of officia.	responsible				
for WIC; number of staff professionals (physicians, nutritionists, registered nurses,								
dieticians, trained health officials, paramedics, LPNs, sanitarians); health services offered; type of clinic; sponsoring organizations, laboratory facilities, and numbers								
of people served (pregnant adults, pregnant adolescents, lactating mothers, infants								
under 1 year, children 1 to 4, crippled children, mentally retarded); agreements between								
DHR and facility; report of visits made to facility; budgets; and audit reports.								
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rue is arranged: Dy 01st	rict; thereunder, alpha	perically by tacil	ıty.					
G Manaki Silan								
8. Monthly Reference Rate How often are records referred to which are:								
One to six months old $\frac{6-8}{\text{constants}}$ ; Seven to twelve months old $\frac{6-8}{\text{constants}}$ ; Thirteen to twenty-four months old $\frac{2-3}{\text{constants}}$ ;								
9. Annual Rate of Accumulation	n of Records			· · · · · · · · · · · · · · · · · · ·				
Letter-size drawers2_	Legal-size drawers	; Shelves; (	Other (specify)					
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YES	NO	10. Questionnaire	(Place an ")	X" in the proper a	olumn)	
х		a. Is this the offi If not, where	* *	series?		
	x	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.				
	х	c. Is this a vital r				
	, X.			I or long term rese		
1	x		wo documents scheduled sepa		necessary to keep the entire file for a long	period, could these
	х				oublished? If yes, attach copy.	
	x	g. Is the informa		in this series ever	analyzed and/or recorded in a summarized	eport?
x		h. Is there a dupl	lication of this		a, or in another office or agency? istrict Offices	
	x			on of it! regularly		**************************************
	х	<del></del>		n a computer prin		
11.	Retent	ion Requirements	T	ne following requir	es the series to be kept:	
	e. Stat	. 1 mu			d. Audit period	
		ute of limitation		years.	e. Administrative need	years.
		rai lew		3years.	f. Federal retention instructions	years.
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,	Áttách	copy or excert of I	aws or regulation	ons. Explain admi	nistrative need.	
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12.	Approv	ed Disposition Inst	ructions Ti	nis agency recomm	ends that the file series be cut off at the en	d of each:
_				Calendar Year; C	Fiscal Year: 1 Other Federal Fis	cal year then,
*					September 3	0
6		and the second second			year(s); then	• • •
. [		nsfer to local holding				
1	_	sefer to State Reco	rds Center; hok	yea	r(s); then	
	Desi	•			en de la companya de Historia	
		ngfer to State Archi er <i>(Specify)</i>	ives for perman	ent retention.	<b>,</b>	
•	J 00%	n lobachy) :				
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1	hese in	nstructions apply to	all prior and f	uture accumulatio	ins of the series.	÷
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Agene	cy Hea	d/Designee (Signa	ture)	Date	Records Management Officer (Signature	) Date
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(1)1	ellen	e South	<u></u>	4-12-18	Elizabeth W. Crank, C.R.M.	4/3/78
_					State Records Committee (Signa	iture) Date
Recommendations in paragraph 12 are approved.						
graph	12 are	approved.	State Aud	Itor/Designee	and had	(-3-78
graph (If dis	12 are	approved. ed, attach letter	()A)	/	Constant to	5-3-78
graph (If dis	12 are	approved. ed, attach letter	()A)	Itor/Designee  State/Designee	Canall Have	5-3-78 5-2-78
graph (If dis	12 are	approved. ed, attach letter	Secretary	State/Designee	Canall Have	5-3-78 5-2-78
graph (If dia of exp	12 are	approved, ed, attach letter on.)	Secretary	State/Designee	Cangle Have	5-3-78 5-2-78 5 3 76